GEORGIA MEDICAID FEE-FOR-SERVICE
TETRABENAZINE PA SUMMARY

Preferred	Non-Preferred
Tetrabenazine generic by Oceanside	Tetrabenazine, all other generics

LENGTH OF AUTHORIZATION: 1 year

NOTE: If generic tetrabenazine is approved, the PA will be issued for generic tetrabenazine by Oceanside.

PA CRITERIA:
- ❖ Approvable for the diagnosis of chorea (involuntary movements) associated with Huntington Disease
- *AND*
- ❖ Member must not have untreated or inadequately treated depression or feelings of suicide and physician must review the risks of tetrabenazine therapy with the member.
- ❖ In addition for generic tetrabenazine other than by Oceanside, physician must submit a written letter of medical necessity stating the reasons generic tetrabenazine by Oceanside is not appropriate for the member.

QLL CRITERIA:

Medication	QLL
Tetrabenazine 12.5 mg tablets	120 tablets per 30 days
Tenazine/tetrabenazine 25 mg tablets	60 tablets per 30 days

- ❖ Up to 120 tablets per 30 days of the 25 mg strength is approvable for members that are intermediate or extensive CYP2D6 metabolizers.

EXCEPTIONS:
- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827.**

PREFERRED DRUG LIST:
- ❖ For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:
- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

Revised 2/19/2016

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.